

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 02/11/2007		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 02/13/2007					
		FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS CLAIMS
3404901	SMOKY MOUNTAINM H/DD/SAS	8505	7880	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		11	798	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	9433	9434 1
		8800	678	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404904	WESTERN HIGHLAN DS LME	8534	500	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F			
		8505	151	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1076	10201 9125
		191	121	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME			
3404910	PATHWAYS	8599	351	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8536	102	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	65	640	9826 9186
		8654	46	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE			
3404912	CATAWBA COUNTYM ENTAL HEALT	8508	4	CLAIM DENIED NO BUDGET FOUND			
		8537	3	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	7	659 652
3404913	MECKLENBURG COM ENTAL HEALT	11	3103	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	229	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	7	3712	7398 3686
		120	133	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM			
3404916	CROSSROADS BEHA VIORAL HEAL	8518	593	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE			
		8505	97	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	859	2873 2014
		8800	50	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404917	CENTERPOINT HUM AN SERVICES	8505	219	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8599	62	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	350	4186 3836
		143	42	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	21	34	DUPLICATE OF CLAIM-SYSTEM				
		8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	79	3330	3251
		8536	4	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASWEL L AREA MH D	8505	3303	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		79	351	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	3876	5189	1313
		21	146	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	8505	2026	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	331	PRIOR AUTHORIZED DOLLARS EXCEE DED	0	3473	6775	2323
		21	236	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8000	92	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8505	90	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	26	426	6282	5856
		143	74	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404923	FIVE COUNTY MH	11	49	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	28	DUPLICATE OF CLAIM-SYSTEM	0	172	694	522
		8536	27	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE R FOR MH/DD	120	480	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	131	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	27	903	8087	7184
		21	80	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	8518	170	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	76	DUPLICATE OF CLAIM-SYSTEM	3	347	1782	1435
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404927	CUMBERLAND CO M HC	8505	147	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	210	1003	793
		191	6	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC BILLING OF	8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8654	21	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL.. PLEASE CORRECT THE	0	179	649	470
		8534	19	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404933	SOUTHEASTERN CT R FOR MH/DD	8329	1	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		0	0		0	1	14	13
3404934	ONslow CARTERET BEHAV HEAL	8599	267	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	264	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	936	1934	998
		8535	217	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	191	23	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8952	2	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	1	28	2160	2132
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404937	EDGEcombe NASH MNTL HLTH C	8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	10	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	32	1350	1318
		21	9	DUPLICATE OF CLAIM-SYSTEM				

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3404939	NEUSE MENTAL HE ALTH CENTER	8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	4	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	41	384	343
		79	2	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404941	PITT CO MH/DD/S AS CENTER	8537	22	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	90	835	745
		7001	12	EXCEEDS THE ONE PER DAY LIMITA TION				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	38	DUPLICATE OF CLAIM-SYSTEM				
		79	4	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	44	1061	1017
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404943	ALBEMARLE MENTA L HEALTH CE	79	30	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		21	26	DUPLICATE OF CLAIM-SYSTEM	3	95	1569	1474
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	21	300	DUPLICATE OF CLAIM-SYSTEM				
		8935	84	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	104	558	3051	2493
		8622	61	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	143	19	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		8536	12	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	45	3636	3591
		79	11	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404957	TIDELAND MENTAL HEALTH CTR	8505	277	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	305	813	508
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	8505	301	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8599	26	DETAIL NOT COVERED BY COMBINAT	0	352	497	145
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	11	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				